

| | DHS Quara | intine Unit | t Adm | issio | n Sta | andin | ig Ordei | rs: | |
|---|---|--|------------------------|-------|--|--|----------------------------------|----------------------------------|--|
| Patient Name: | | _ | | | | | Allergies | i | |
| Date of Bir | th: Age: | _ | | | Advance Directives: | | | | |
| | | Acuity Le | evel: | 1 | 2 | 3 | | | |
| | Vital Signs: |] | | | | | | | |
| 0 | Acuity 1: TID - 8am, 2pm, 8pm. | | | Diet | :: | | | Fluids: | |
| 0 | Acuity 2: BID - 8am & 8pm OREGUE | | | r | | | | ○ No Restrictions | |
| 0 | Acuity 3: Daily 8am | | Diabet | | | | | • Fluid Restriction < 2 | |
| | reducty of Daily Call | | Renal [| | .ow Sa | lt/Low | , | L/day. | |
| Medical providers can change the frequency of vital signs as needed for any change in patient | | | | | | | | O Push PO Fluids/Gatorade | |
| | | | | | | | · I | | |
| | condition. | | | | | | | , | |
| | | J | | | Г | Othor | Orders: | | |
| Medica | tions: | | | | | Julei | Oruers. | | |
| | | | | | | 1. | For pat | cients with Alcohol use disorder | |
| 0 | Acetaminophen (Tylenol) 1000 mg po ever | y 8 hours as n | eeded f | or | | | who de | | |
| | temperature > 100.4. | | | | | | diazepine/Gabapentin Taper | | |
| 0 | 6 hours as ne | 6 hours as needed for | | | | | AT Protocol) and are at risk for | | |
| | mild-moderate pain. | | | | | | - | ing withdrawal symptoms: | |
| 0 | Magnesium Hydroxide (MOM) 30 ml/po ev | ery 12 hours | as need | ed | | | | Beer everHours/PRN | |
| | for constipation. | | | | | | | | |
| 0 | Diphenhydramine HCL (Benadryl) 25/50 m, needed for itching, sleep or allergy. | g PO every 6 r | nours as | | | 2 | | Oz everyHours/PRN | |
| | urs as naadad | rs as pooded for sore | | | 2. For patients with nicotine use disorder | | | | |
| 0 | urs as needed | | | | | | ecline nicotine replacement | | |
| | throat. o Calcium Carbonate (TUMS) 1500 mg PO every 6 h | | | . h = | | | | y (See MAT Protocol) and | |
| 0 | indigestion/heartburn as symptoms occur | - | n more than 10 tahs in | | | | | tand risks of continued smoking: | |
| | a 24-hour period) Please do not give if ESRD . | | | , | | o Cigarettes every | | | |
| 0 | Mylanta 10-20 ml every 6 hours as needed | | r | | | | | hours PRN. | |
| | indigestion/heartburns as symptoms occur | | | | | For Patient who will not stay in | | | |
| | in a 24-hour period) Please do not give if ESRD. | | | | isolation/Quarantine without Marijuana: | | | | |
| 0 | Guaifenesin Syrup (Tussin) 400 mg (20 ml) | enesin Syrup (Tussin) 400 mg (20 ml) PO every 4 hours as | | | | o Edible every 8/12 hours PRN | | | |
| | needed for cough. | | | | | CBD 1 capsule q 12 Hours/PRN | | | |
| 0 | Aspirin (ASA) 81 mg Pox 1 if reports of Che | st Pain and ca | II 911. | | | | | * No more than 2 cap/ 24 hours | |
| 0 | Naloxone (Narcan) 0.4 mg/ml IM if signs & | symptoms of | Opiate | | | 4. | Other: | | |
| 0 | Overdose; if no response, repeat x 1. | | | | | 0 | *See MAT protocol for Opiates | | |
| | Epinephrine (Epipen) 0.3 mg/SQ at signs ar | nd symptoms | of | | | | | overdose | |
| | Anaphylaxis. | | | | | 0 | V/S per protocol. | | |
| 0 | Triple antibiotic ointment PRN cut or abrasion (please check with | | | | | 0 | Anticipate D/C planning & Date. | | |
| | provider). Ondansetron 4-8 mg every 8 hours as needed for nausea & | | | | | 0 | See MD medication orders. | | |
| 0 | | | | | o see with medication orders. | | | | |
| | vomiting. | oa (unloss sus | noct for | | | | 0 | | |
| 0 | Imodium 2 mg PO every 8 hours for Diarrhea (unless suspect for C-Diff). | | | | | 0 | | | |
| 0 | Glucagon 1 mg/IM x 1 for blood sugar <50 | with sympton | ns of | | | | | | |
| | hypoglycemia and unable to take per mouth | | 01 | | ſ | Prov | ider Nan | ne. | |
| 0 | uprofen (Motrin) 400 mg PO every 6 hours as needed for mild- | | | | 1100 | idei ivall | | | |
| | moderate pain (1-7). | | J | | | | | | |
| 0 | Flu shot 24 – 48 hours prior to discharge pe | ending patient | t consen | nt. | | | | | |
| 0 | Albuterol inhaler 1-2 puffs every 4-6 hours | | | | | Signa | ature: | | |

Date: _____Time: ___

o Melatonin 5 mg/po QHS PRN for insomnia.